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Application Data Sheet 37 CFR 1 76			Attorne	Attorney Docket Number			NL040450				
Application Data Sheet 37 CFR 1			CI IX 1.7	Applica	Application Number						
Title of	OPTICAL MASTER SUBSTRATE WITH MASK LAYER AND METHOD TO MANUFACTURE HIGH-DENSITY RELIEF STRUCTURE								ENSITY		
bibliogra This doc	phic data arrang ument may be	jed in a format sp	ecified by the onically and s	United States submitted to the	Patent ar	nd Tra	idemark Of	ffice as	ubmitted. The following form contains of outlined in 37 CFR 1.76. ing the Electronic Filing System (EFS		
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		y • Inventor	◯Legal R	Representativ	e under	35 L	J.S.C. 117	7	Party of Interest under 35 U.S.C.		
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		f Applicant:	27								
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Citizenship under 37 CFR 1.41(b) NL Mailing Address of Applicant:											
			047								
	Address 1 P.O. Box 217 Address 2 P.O. Box 217										
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Application Da	ta Sha	ot 37 CED 1 76	Att	torney Do	ocket Number	NL0404	1 50			
Application Data Sheet 37 CFR 1.76			Application Number							
Title of Invention OPTICAL MASTER SUBSTRATE WITH MASK LAYER AND METHOD TO MANUFACTURE HIGH-DENSITY RELIEF STRUCTURE										
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Application Type		Nonprovisional								
Subject Matter		Utility								
Suggested Class	(if any)				Sub Class	s (if any))			
Suggested Techn	ology C	enter (if any)								
Total Number of I	Drawing	Sheets (if any)	Suggested Figure					Publication	(if any)	
Publication Inforr	nation:									
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2004-04-15

Application Da	et 37 CFR 1.76	Attorney Docket Number		NL040450					
Application bu		Application Number							
Title of Invention	Title of Invention OPTICAL MASTER SUBSTRATE WITH MASK LAYER AND METHOD TO MANUFACTURE HIGH-DENSITY RELIEF STRUCTURE								
This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).									
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Application Number Country			y i	Parent Filing D	Date (YYYY-MM-DD)	Priority Claimed			

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Assignee 1								
If the Assignee is an Org	ganization check here.	7						
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Mailing Address Inforn	nation:							
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Address 2								
City	EINDHOVEN	State/Province						
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Signature	/Michael E. Marion/		Date (YYYY-MM-DD)	2006-10-03				
First Name	me Michael E. Last Name		Marion	Registration Number	32,266			

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